

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041795

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 6 1962

VS 300
Rev. 4/59

10128

20675

3

4 2

5 1

6

7 1

8 2

9527.1

10

11

125-0

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN POPLAR BLUFFLength of stay in 1b
6 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA. HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY MISSISSIPPI

c. CITY OR TOWN CHARLESTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 610 CYPRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First PORTER

Middle NMN

Last KEYS

4. DATE OF DEATH

Month NOV.

Day 27

Year 1962

5. SEX
MALE6. COLOR OR RACE
NEGRO7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-6-919. AGE (last birthday)
70IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER10b. KIND OF BUSINESS OR INDUSTRY
FARMING11. BIRTHPLACE (City and state or country)
CORIAL, MISS12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
WILLIAM KEYS13b. MOTHER'S MAIDEN NAME
LAURA HUNTLEY14. NAME OF HUSBAND OR WIFE
SUSIE KEYS15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WWII

16. SOCIAL SECURITY NO.

17. INFORMANT Address
VA HOSPITAL RECORDS POPLAR BLUFF, MO18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HYPERTENSION OF THE LESSER CIRCULATION

INTERVAL BETWEEN
ONSET AND DEATH
- - -Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

OBSTRUCTIVE EMPHYSEMA

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.).

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 11-21-62 to 11-27-62
Death occurred at 4:48AM on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE Robert S. Cohen
ROBERT S. COHEN, M.D. Chief, Med. Scv.

22b. ADDRESS

VA. HOSPITAL POPLAR BLUFF, MO.

22c. DATE SIGNED

11-27-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12/1/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Charleston, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Davis Charleston, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 3727

P. O. Address Charleston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.